	-				1. DATE OF REQUEST (YYYYMMDD)										
	ng this form.)				20120306										
complete mailing address)					THRU (DoD Component FMO Organization and complete mailing address) N/A					4. TO (Organization and complete mailing address) Forms Management Officer ATTN: Base Adjutant BOX 63002 MCBH Kaneohe Bay, HI 96863-3002					
5. FORM DESIGNATION AND NUMBER (Leave blank if a new form) 6.					6. EDITION DATE (Enter only if cancelling a form) 7. FORM TITLE Relocation Assistance					on Dragram I anding Locker Sarving					
(Leave blank if a new form)					odnooming a form		Relocation Assistance Program Lending Locker Service								
8. ACTION TYPE (Select one) 9. FORM TYPE (Sel				elect one)	10. SUBJECT										
New Prescribed					form)	k if a new MCBH MCCS 5000/15									
12. FORM DISPOS	ITION (Lis	t all forms t	o be replaced by	/ proposed	form)	13. PI	ROPO	SED F	ORM D	ESIG	N CONSIDERA	TIONS	S	·	
a. FORM NUMBER	ATE c.	DISPOSITION	a. DE	a. DESIGN TYPE b. SUGGESTED SIZE c. PRINTING SPECIFICATION						ATIONS					
N/A N/A			N/A		Print and Fill			8.5x11			No				
11/2					d. CLASSIFIED 6			e.	. CONTROLLED FORM		f. DIG	f. DIGITAL SIGNATURE FIELD			
						No			No			No			
					g. AVAILABILITY (Select					one)					
						Physic	cal Pr	oduct -	Stocke	d and	l issued by OPR				
14. PURPOSE AND DESCRIPTION OF USE (Attach continuation page if necessary.) Information required to receive goods from the Lending Locker.															
15. INTERNAL CO			····			T (2) 22									
	(1) APPLI- CABLE? (2) REMARKS (Enter applicab				able remarks related to propriate documentation.)			(3) COORDINATOR			TOFFICE CALED		ELEPHONE NO		
55,40,407	(Yes/No)		permits, enter co	ordinator em	NAME				OFFICE SYMBOL	(1)	ELEPHONE NO. Incl. area code/DSN)	INITIALS			
a. PRIVACY ACT	Yes	NM05000		Ms. Amy Madsen					MP&A		808-257-8866	AMY Project Community of the Community o			
b. POSTAL	No No				ļ										
c. DATA ELEMENTS	No Yes Destroy when 2 years old					Ma A	N. A N. S							AMY Statements	
d. RECORDS MGMT e. OTHER	No							Ms. Amy Madsen			MP&A		808-257-8866	SUE 1015300 CONTRACTOR	
f. REPORTS	140														
RCS	No										+				
OMB	No		 						-		***************************************				
16. EXTERNAL CO	ORDINAT	ION AND	CONCURRE	NCE (No	required for SD 1	DoD Con	nnone	nt or Co	mmand	forms	Attach continuatio	n nage	e if necessary)		
a. DOD	b. COORD				1040.100.101.007.1										
COMPONENT	NAME			OFF	OFFICE SYMBOL			TELEPHONE NO. (Include area code/DSN) EMAI			NIL ADDRESS				
						ļ			<u> </u>						
						 									
															
									 						
									†						
CERTIFICATION OF DOD COMPONENT OPR AND/OR ACTION OFFICER, APPROVING OFFICIAL, AND FMO I hereby certify that all of the above coordinations have been completed as indicated.															
17. DOD COMPON	FNT OPR							***************************************			·				
a. TYPED NAME AN					ELEPHONE NUM	BER	c. SI	GNATUR	RE						
Mr. Paul Watson					(Include area code/D			SN) / / I litt							
	That I - Wal-														
18. DOD COMPON	normal principal delication of the state of)	9. DOD COMPONENT OR COMMAND FORMS MANAGEMENT OFFICER											
a. DATE SIGNED (YYYYMMDD)	b. TYPED I	NAME, TITI	LE, AND SIGNA	TURE			a. DATE SIGNED b. TY (YYYYMMDD)			YPED NAME, TITLE, AND SIGNATURE					
20. APPROVING FO	ORMS MA	NAGEME	NT OFFICER									unioniesokokoko			
a. TYPED NAME	b. [ATE SIGNED (Y	YYYMME	, t							I				
Ms. Amy Madsen					2012030	7	MADSEN.AM SUE.1076100				. DN:	c=US, o=U	1 by MADSEN.AMY.SUE.1076 J.S. Government, ou∞DoD, ou∞F •MADSEN.AMY.SUE.1076100 37.09.12.41.10700	rKi,	